

05-07-01

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10/4/01

UTILITY PATENT APPLICATION TRANSMITTAL

Note: Only for new nonprovisional applications under 37 CFR 1.53(b)

Attorney Docket No.	8325
First Inventor	Deak et al.
Assignee	The Procter & Gamble Company
Title	Method For The Use Of Aqueous Vapor And Lipophilic Fluid During Fabric Cleaning
Express Mail Label No.	ET405548850US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

- | | |
|---|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status
<i>(see 37 CFR §1.27)</i></p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages [21 + abstract]
<i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure <p>4. <input type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets []</p> <p>5. Oath or Declaration Total pages [2]</p> <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))
<i>(for continuation/divisional with Box 18 complete)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTORS
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b). <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate; large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies |
|---|--|

ACCOMPANYING APPLICATION PARTS

- 9. Assignment Papers (cover sheet & document(s))
- 10. 37 CFR 3.73(b) Statement Power of Attorney *(when there is an assignee)*
- 11. English Translation Document *(if applicable)*
- 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations
- 13. Preliminary Amendment
- 14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- 15. Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
- 16. Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- 17. Other:

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No. /

Prior application information: Examiner: _____ Group/Art Unit: _____
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here 27751)		
NAME			
ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
TELEPHONE		513-627-6250	FAX
513-627-8118			

Name (Print/Type)	C. Brant Cook	Registration No. (Attorney/Agent)	39,151
Signature	<i>C. Brant Cook</i>	Date	May 4, 2001

+ Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	NOT YET ASSIGNED
Confirmation Number	NOT YET ASSIGNED
Filing Date	May 4, 2001
First Named Inventor	Deak et al.
Examiner Name	NOT YET ASSIGNED
Group/Art Unit	NOT YET ASSIGNED

TOTAL AMOUNT OF PAYMENT (\$) 1,204.00**Attorney Docket No.** 8325**METHOD OF PAYMENT (check one)**

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

- Charge Any Additional Fee Required Under status. See 37 CFR §127
37 C.F.R. §§1.16 and 1.17

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Code (\$)	Fee Description	Fee Paid
105 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
127 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
139 130	Non-English specification	<input type="checkbox"/>
147 2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
112 920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
113 1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
115 110	Extension for reply within 1 st month	<input type="checkbox"/>
116 390	Extension for reply within 2 nd month	<input type="checkbox"/>
117 890	Extension for reply within 3 rd month	<input type="checkbox"/>
118 1,390	Extension for reply within 4 th month	<input type="checkbox"/>
128 1,890	Extension for reply within 5 th month	<input type="checkbox"/>
119 310	Notice of Appeal	<input type="checkbox"/>
120 310	Filing a brief in support of an appeal	<input type="checkbox"/>
121 270	Request for oral hearing	<input type="checkbox"/>
138 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
140 110	Petition to revive - unavoidable	<input type="checkbox"/>
141 1,240	Petition to revive - unintentional	<input type="checkbox"/>
142 1,240	Utility issue fee (or reissue)	<input type="checkbox"/>
143 440	Design issue fee	<input type="checkbox"/>
144 600	Plant issue fee	<input type="checkbox"/>
122 130	Petitions to the Commissioner	<input type="checkbox"/>
123 50	Petitions related to provisional applications	<input type="checkbox"/>
126 180	Submission of Information Disclosure Statement	<input type="checkbox"/>
146 710	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
149 710	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
179 710	Request for Continued Examination (RCE)	<input type="checkbox"/>
169 710	Request for expedited examination of a design application	<input type="checkbox"/>
Other fee (specify) _____		<input type="checkbox"/>
Other fee (specify) _____		<input type="checkbox"/>

SUBTOTAL (1) (\$) [710]**2. EXTRA CLAIM FEES – Large Entity**

Extra Claims	Below Fee	Fee Paid
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Total Claims [43] - 20** = [23] x [18] = [414]

Independent Claims [4] - 3** = [1] x [80] = [80]

Multiple Dependent [] = []

** or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
103 18	Claims in excess of 20
102 80	Independent claims in excess of 3
104 270	Multiple dependent claim, if not paid
109 80	**Reissue independent claims over original patent
110 18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$) [494]*** Reduced by Basic Filing Fee Paid** **SUBTOTAL(3) (\$)** [0]**SUBMITTED BY**

Name (Print/Type)	C. Brant Cook	Registration No. (Attorney/Agent)	39,151	Telephone	(513) 627-8150
Signature	C. Brant Cook			Date	May 4, 2001

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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